Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutmy requirement set forth in IC 5-2-15-3.

Date:	<u>12-07-2010</u>	Address:	3931 Pottowatamie Pt. Rd.
Case #:	16F <u>20151</u>		Logansport IN, 46947
County;	Cass		 · .
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Cuthuilding Vehicle	 ☐ Hotel/Motel ☐ Open – No Structure ☐ Other: N/A
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): bathroom			
Red Phosphorous/Iodine Reaction(s): N/A			
Flammable Solvents: kitchen, garage			
Water Reactive Metal (Lithium): garage			
Anhydr	ous Ammonia: <u>N/A</u>		
☐ Hydrochloric Acid Gas Generator(s): garage			
⊠ Corrosi	ve Acid: garage		
Corrosive Base: kitchen, garage			
Other (i	tem and location): <u>N/A</u>		
Child under age 18 discovered (check one) ☐ Yes N/A (number present) ☐ No *If yes, fax report to Child Protective Services		 Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Cass Co. Drug Task Force 	
This repor	t is to be faxed to the following agen	cies that serve the le	ocation:
Fire Depart	ment: Cass County	Fax: (574)	
Health Department: Cass County		Fax: (<u>574)</u> Fax:	
Child Prote	ction Service: <u>N/A</u>		-
	information regarding this methampha ie Officer: Joshua Maller — Phor	. .	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the ease file, and a copy sent to the Clandestine Laboratory Team Leader for retention.